

SD

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

Joseph CLARK Kohler

10 4748

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

COMMONWEALTH OF PENNSYLVANIA,  
York Hospital, (WELLSPAN), WELLSPAN  
BEHAVIORAL HEALTH, PENN STATE  
UNIVERSITY, Keystone Human Services  
York County Judicial System, York  
County Public Defenders' Office, York  
County District Attorney's Office, York  
County Prison, York City Police Dept.,  
Northern Regional Police Dept., SPRING-  
ETTSBURY TOWNSHIP Police Dept.,  
West Manchester Police Dept. (SEE ATTACHED)

COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Joseph C. Kohler  
ID # 46028  
Current Institution York County Prison  
Address 3400 CONCORD Rd. York, PA 17402

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Commonwealth of PA (York County) Shield # -  
 Where Currently Employed York County Official Sites  
 Address 45 N. GEORGE ST. York, PA 17402

Defendant No. 2 Name York Hospital (Wellspan) Shield # -  
 Where Currently Employed York Hospital  
 Address 1001 S. George St. York, PA 17403

Defendant No. 3 Name Penn State University Shield # -  
 Where Currently Employed Penn State University  
 Address 1031 Edgemoor Ave, York, PA 17403

Defendant No. 4 Name Keystone Human Services Shield # -  
 Where Currently Employed -  
 Address (?) (LANCASTER)

Defendant No. 5 Name York County Judicial System Shield # -  
 Where Currently Employed York County  
 Address 45 N. GEORGE ST. York, PA 17401

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? York County Prison  
and York Hospital (Wellspan), plus York County Judicial System
- B. Where in the institution did the events giving rise to your claim(s) occur? All the  
institutions that were stated.
- C. What date and approximate time did the events giving rise to your claim(s) occur? 1997-  
2010

ART 1

(AGAINST)

District Magistrates of Judges Martin & NIXON, Metro BANK of HARRISBURG,  
T-Mobile Communications, MICHAEL HEIST, MARY JO Kehler, Jeffrey Kehler,  
Jonathan Kehler, David Kehler, Judy Shultz, York & Adams County Rescue Missions,  
The LAW OFFICES OF ELICHOFF & SILVERSTEIN.

B, Name: York County Police Departments

NAME: District Magistrates Judges Nixon & Martin

NAME: Metro Bank of Harrisburg

Address: 55 Arsenal Rd. York, PA 17405

NAME:

T-MOBILE COMMUNICATIONS

Address: 1700 N. GEORGE ST. York, PA 17405

NAME: Michael Heist

Address: UNKNOWN

NAME: Mary Jo Kehler

Address: 828 Cedar Village Ln. York, PA 17406

NAME: Jonathan Kehler

Address: 3700 Concord Rd. York, PA 17402

NAME: JEFFREY Kehler

Address: UNKNOWN

NAME: DAVID Kehler

Address: 828 Cedar Village Ln. York, PA 17402

Judy Shultz (Name)

Address: 246 EASTLAND AVE. York, PA 17406

NAME: York & Adams County Rescue Missions

York's Address: 367 W. Market St. York, PA 17401

NAME: LAW OFFICES OF ELICHOFF & SILVERSTEIN

Address: 32 S. Beaver St. York, PA 17401

What  
happened  
to you?

D. Facts: Over the past 13 years I have been set-up to  
lose credibility. People have used their professional power  
and abused it by doing whatever they want with me.  
Whatever I say or do, my word does not count. All  
Because of my diagnosis.

Who  
did  
what?

All of the above mention took part in my civil  
case.

Was  
anyone  
else  
involved?

That is for the courts to decide.

Who else  
saw what  
happened?

All people implicated and who work with them.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. no physical injury. But, emotionally,  
here we. I was prescribed medicine and didn't need  
it.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?  
 Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

York County Prison 3400 Concord Rd, York, PA 17402

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? York County Prison, & Mental Health

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? York County Prison & Mental Health.

2. What was the result, if any? None, falsification of paper work.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. The whole way to

York County Prison Board.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I only got a couple sentence denial of  
most of my 801 grievances,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

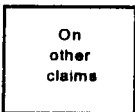
V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I stated reliefs I want in  
my civil action submitted to York County. Basically,  
release from prison under Rule 60, and money compensation,  
Plus Investigations done.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On  
these  
claims**

- 6 -

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) I have to appeal Blackwell.



C. Have you filed other lawsuits in state or federal court?

Yes ☒ No ☐

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Commonwealth of PA  
 Defendants Joseph Charles Kohler

2. Court (if federal court, name the district; if state court, name the county) York County

3. Docket or Index number CP-67-CR-3429-2009

4. Name of Judge assigned to your case Kellie

5. Approximate date of filing lawsuit March, 2009

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition I gave LAST SUMMER

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) I plead guilty under pressure when innocent. I'm in jail due to probation violation.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8<sup>th</sup> day of September, 2010.

Signature of Plaintiff Joseph C. Kohler

Inmate Number 46028

Institution Address York County Prison  
3400 Concord Rd.  
York, PA 17402



E. Yes ✓

F. Parties to Previous lawsuit.

Plaintiff: Joseph C. Kohle

Defendants: Commonwealth of PA. & See Attached.

2. York County

3. 2010-SU-3735-49

4. —

5. July 16<sup>th</sup> 2010

6. yes

7. Pending

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8<sup>th</sup> day of September, 20 10, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Joseph C. Kohlen

# 46028  
York County Prison  
3400 Concord Rd.  
York, PA 17402